

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

10/21/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2		/				
3		/				
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TOTAL IND.			3			
TOTAL DEP.			5			
TOTAL CLAIMS			8			

SERIAL NO.	FILING DATE	
10/772216		
APPLICANT(S)		
1	IND.	DEP.
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TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		